

SERIAL NO. **09/763332**
FILING DATE **04-09-1999**
(703) 323-0420

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		↓		↓	
TOTAL DEP.	/		↔		↔	
TOTAL CLAIMS	/		↔		↔	

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TOTAL IND.			↓		↓			
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TOTAL CLAIMS			↔		↔			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS